A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0013. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MMI, Washington, D.C. 20590.

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U.S. Department of Transportation Federal Motor Carrier Safety Administration

INTERMODAL EQUIPMENT PROVIDER IDENTIFICATION REPORT

(Application for U.S. DOT Number)

REASON FOR FILIN	IG (Check Only (One)							
☐ NEW A	PPLICATION		BIENNIAL U	JPDAT	E OR CHANGES	ou	IT OF BUSIN	IESS NOTIFICATION	
1. NAME OF INTERMODAL EQUIPMENT PROVIDER					2. TRADE OR D.B.A. (DOING BUISINESS AS) NAME				
3. PRINCIPAL STREET ADDRESS/ROUTE 4. CITY NUMBER			5. MAILING ADDRES		5. MAILING ADDRESS (I	(PO BOX) 6. MAILING		CITY	
7. STATE/PROVINCE	8. ZIP CODE+4		9. COLONIA (MEXICO ONL	_Y)	10. STATE/PROVINCE	11. ZIP CODE+4		12. COLONIA (MEXICO ONLY)	
13. PRINCIPAL BUSINESS PHONE NUMBER			14. PRINCIPAL CONTACT	4. PRINCIPAL CONTACT CELLULAR PHONE NUMBER 15. PRINCIPAL BUSINESS FAX NUMBER				NUMBER	
16. HAVE YOU EVER B	BEEN ISSUED A U.S.	DOT NUMBE	ER BY THE FEDERAL MOTO	OR CAF	RRIER SAFETY ADMINIST	RATION? Yes	N	0	
If Yes, enter your U.S	. DOT Number.								
17. DUN & BRADSTREET NO.			18. IRS/TAX ID NO. EIN# SSN#			19. INTERNET E-MAIL ADDRESS			
20. NUMBER OF VEHIC	CLES THAT CAN BE	OPERATED	IN THE U.S. (TRAILER CHA	SSIS O	NLY)				
OWNE	ED								
LEASED									
SERVIC	ED								
21. PLEASE ENTER N	AME(S) OF SOLE PF	ROPRIETOR((S), OFFICERS OR PARTNEI	RS AND	D TITLES (e.g. PRESIDEN	T, TREASURER, G	ENERAL PART	TNER, LIMITED PARTNER)	
1(Please print Name)			2			(Please print Name)			
22. CERTIFICATION ST		mpleted by ar	n authorized official)						
I,	(Piease print Name)			of perjury				azardous Materials Regulations. of my knowledge and belief, true,	
Signature			Date			Title(Please print)		rint)	